



## **DOCUMENTS REVIEWED**

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- PPO Contract

## **HOW THE IBR FINAL DETERMINATION WAS MADE**

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider seeking Hospital Outpatient remuneration for 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour, performed on 04/16/2015.**
- The Claims Administrator denied service based on “included” service.
- For services rendered on or after December 1, 2014, § 9789.30, subsections (a) adjusted conversion factor, (e) APC payment rate, (f) APC relative weight, (j) Facility Only Services, (q) labor-related share, (r) market basket inflation factor, and (z) wage index, are adjusted to conform to the Medicare hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013, the relative values in the 2014 Medicare Physician fee schedule, and the wage index values in the Medicare IPPS final rule of August 19, 2013, and associated rules and notices to the IPPS final rule published in the Federal Register.
- Contractual Agreement for Occupationally Ill or Injured indicates “lesser of” Contractual Agreement and OMFS.
- **§ 9.13.2. Physician-Administered Drugs, Biologicals, Vaccines, Blood Products.(b)(1)** Injection services (codes **96365** through 96379) are not paid for separately, if the physician is paid for any other physician fee schedule service furnished at the same time. Pay separately for those injection services only if no other physician fee schedule service is being paid.
- EOR reflects Provider reimbursed for 99283, Emergency Department Visit. As such, 96365 has a value of “zero” and is the “lesser of” reimbursement in accordance with the contractual agreement.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 96365.**

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: 93635

<b>Date of Service:</b> 04/16/2015						
Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
93635	\$1,812.20	\$0.00	\$80.08	1	\$0.00	<b>Refer to Analysis</b>

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